Please print or type	with ELITE type (12	2 characters/inch) in the v	inshaded areas only.		Form Appro GSA No. ^^	ved OMB No. 158-S79016
&FPA		ION OF HAZARDO			INSTRUCTIONS	If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	NOTHICAT	ION OF HAZARDO	JOS WASTE A		label, affix it in information on the through it and s	the space at left. If any of the ne label is incorrect, draw a line upply the correct information e section below. If the label is
I. STALLATION	198	80 NOV 28 PM 12:	38		The Property of the Control of the C	rrect, leave Items I, II, and III ou did not receive a preprinted
INSTALLA- TION II. MAILING ADDRESS		SE PLACE LABEL			single site where treated, stored a porter's principal	Il items. "Installation" means a hazardous waste is generated, nd/or disposed of, or a trans- place of business. Please refer TIONS FOR FILING NOTIFI-
LOCATION III OF INSTAL- LATION		160 mar 2 and 200 g	00 020 191	30	CATION before information requ	completing this form. The ested herein is required by law the Resource Conservation and
FOR OFFICIAL	USE ONLY	AND ASSESSED.				
C C		co	MMENTS			55
5	ON'S EPA I.D. NUM	T/A C I A	(yr., mo., & day)	P		
FILT 18		14 15 16	8 0 1 1 2	12		
I. NAME OF INS	D COUR	TESY SEV	JER TW			
II. INSTALLATION	ON MAILING AD	DRESS				67
		STREET OR P.O. BOX				
3 1 1 9 N	MILWA	UKEE AVE			45	
	CITY	OR TOWN	malaci Piatari	ST. ZI	PCODE	
4 W H E E L	ING			10 41 42 47	- 51	
III. LOCATION (		ON ET OR ROUTE NUMBER				
5 16					45	CAMPAGNA PROPERTY OF
С	CITY	OR TOWN		ST. ZI	PCODE	region to a large and a second
6 15 16 XX XX XX X X X X	ION CONTACT			40 41 42 47	- 51	
IV. INSTALLAT		ND TITLE (last, first, & jo	ob title)		PHONE NO	). (area code & no.)
2 J A M E S	EISA	ACSPF	RESIDE	nT	312-5	37-9090
V. OWNERSHIP					45 46 - 48 49	- 51   52 - 55
		A. NAME OF INSTAL	LATION'S LEGAL	OWNER		Man and all sub-al-
8 I S A A	es 59	m e 5				55
B. TYPE OF (enter the appropri	ate letter into box)	VI. TYPE OF HAZA				appropriate box(es))
F = FEDERAL M = NON-FE	500 (Fig. 70 (10 ft ) 10 ft )	57	STORE/DISPOSE	36	UNDERGROUND	
VII. MODE OF T	RANSPORTATIO	N (transporters only -	A SERVE AND PROPERTY.	e appropriate	box(es))	
A. AJR	□ B. RAIL	C. HIGHWAY	D. WATER	E. OTHE	R (specify):	
Mark "X" in the app						vity or a subsequent notification.
A. FIRST	NOTIFICATION	B. SUBSEQUE	ENT NOTIFICATIO	N (complete its		STALLATION'S EPA I.D. NO.
	N OF HAZARDO		at the same	Keller I		
Please go to the reve EPA Form 8700-12		provide the requested inf	ormation.	MOM	o E 1980	CONTINUE ON REVERSE

				1.D FOR C	FFICIAL USE ONLY
				WILT18	001263521
IX. DESCRIPTION OF HA	ZAPDOUS WAST	FS (continued from 1	Front	1 2	- 13 14 18
A. HAZARDOUS WASTES FF waste from non-specific so	OM NON-SPECIFIC	SOURCES. Enter the f	four-digit number from	40 CFR Part 261.31	for each listed hazardous
APRICAL CONTRACTOR CONTRACTOR	2	3	4	5	6
K086			(C)		
23 - 26	23 - 26	9	10	11	12
All and a second					
22 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
<ul> <li>B. HAZARDOUS WASTES FR specific industrial sources yo</li> </ul>				R Part 261.32 for each	listed hazardous waste from
13	14	15	16	17	18
			25 M		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 • 26	23 • 26	23 - 26	23 - 26	23 - 26	23 - 26
C. COMMERCIAL CHEMICAL stance your installation hand	PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261	.33 for each chemical sub-
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 • 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
D. LISTED INFECTIOUS WAS	STES. Enter the four	-digit number from 40 (	23 - 26   CFR Part 261.34 for eac	ch listed hazardous was	ste from hospitals, veterinary
hospitals, medical and resear					
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF N hazardous wastes your instal	ON-LISTED HAZAI liation handles. (See	RDOUS WASTES. Mark 40 CFR Parts 261.21 — 2	"X" in the boxes corre 261.24.)	sponding to the charac	teristics of non—listed
1. IGNITABLI		2. CORROSIVE	3. REAC (D003)	TIVE	□4. TOXIC (D000)
X, CERTIFICATION					
I certify under penalty of attached documents, and I believe that the submitt mitting false information.	that based on my ed information is	inquiry of those ind true, accurate, and co	ividuals immediately omplete. I am aware	responsible for ob.	taining the information,

NAME & OFFICIAL TITLE (type or print)

President

DATE SIGNED

EPA Form 8700-12 (6-80) REVERSE

SIGNATURE

## RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS Form C - Transporter Inspection (40 CFR Part 263)

## I. General Information:\*

(A)	Transporter Name: Bernand	Courtesy Service	
(B)		V1	
(C)	City: Wheeling	(D) State: TL	(E) Zip Code: <u>6 0090</u>
	Phone: 312/537-9090 (	*	-
(H)	Date of Inspection: October 28	<u>८, १९४१</u> Time of Inspection	(From) 2:30 (To) 3:15 pm
(I)	Weather Conditions: Sunny 6	SCOE	<del>,</del>
/ 1\	Donoon(a) International	T:41:	Tallankana
(0)	Person(s) Interviewed	Title	Telephone
	Jones Isaccs	President	312/537-9090
(K)	Inspection Participants	Agency/Title	Telephone
	Clifford Gould	TEPA/ EPS	312/345-9760 x290
			•
(L)	Preparer Information Name:	Agency/Title	Telephone
	Clifford Gould	SEPA/EPS	312/345-9760 7250

Do <u>not</u> use this form if transporter is also a treatment, storage, and/or disposal facility. Complete form "A" if the transporter is also a TSD facility.

<sup>\*</sup>If site is also a generator do not complete Section I of this form.

- K				
		54		
		-		
				5
	8			
	e			

## II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

A)	Treatment, Storag	e, and/o	r.	(B)			Generator (	Form B)	
	(If site is also a generator	or TSD,	attach	this f	orm t	o form	"A" or "B"	as approp	riate.)
	Briefly describe site activi	ty: 🔼	500		Cen	- 2	. seur	e Say	whee.
					:		a * .		•
¥		:	S.		· ·		5 ·		
			5 <sub>3</sub> <sub>2</sub>					. "	-
÷	III.	MANIFEST	SYSTEM (Subpar		CORDK	EEPING			
			Yes	No		NI*	Remarks		
<b>()</b>	Are copies of the completed manifests or shipping paper( available for review and retained for three years?	s)		<u> </u>	- ,	<u>×</u>	See	remort	25 or
	<u>I</u>	V. INTE	RNATION	AL SHII	MENTS	·			8
			Yes	No		NI*	Remark	Number	*
	Does the Transporter record manifest the date the waste U.S?				4	2 × 2 · ·			er a
					_<_	No	lnlary	white	
3.	Are signed completed manifes on file?	t(s)			×	sh	ional	3.	

\*Not Inspected

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٧.	MISCELLANEOUS
A .	LITOCEFFUREOOD

Α.	Does transporter haul Hazardous Waste into the U.S. from Abroad?			工		No in	Larnal	haver	x x
В.	Does the transporter mix Hazardous Waste of different		-			chipm	ente		
e:	DOT shipping descriptions by placing them into a single container?	e e			8	z ,	e v		

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator Regulations.

## VI. REMARKS

Remarks	This	Sirm	104	Le ve	1 prese	Llos	LAMONS	oert.	ony
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		regular							
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### **MEMORANDUM**

TO: Division to la	_ DATE:
FROM:	_ Information only
SUBJECT: The I represent the Land of Control	Response requested
This locally is a money for a sense	
The office in lies to be at 135 Colombus	Carrier
winding of the state of the sta	
The Sum Loes not presently transport on	v basaskada
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require the service	
The Sam is a supplied to the state of	<u> </u>
	the same and the s





# Er Jironmental Protection Agency 1701 S. First Street Maywood, IL. 60153

312/345-9780

Refer to: Cook County - ILT180012635 - Wheeling/Courtsey Sewer Service

December 23, 1981

Courtsey Sewer Service 119 N. Milwaukee Avenue Wheeling, Illinois 60090

Dear Mr. Isaacs:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on October 28, 1981. The inspection was conducted under the authorization of the United States Environmental Protection Agency (USEPA). A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended. According to the report your firm does not handle hazardous wastes. Should you transport hazardous wastes in the future, please be advised that you would have to comply with the requirements set forth in 40 CFR Part 262.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact Cliff Gould at the above number.

Sincerely,

Kenneth P. Bechely, Northern Region Manager Field Operations Section Division of Land/Noise Pollution Control

KPB: CG: prb

Enclosure: Inspection Report

cc: Division File
Northern Region
Region V, U.S. E.P.A.

(



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	<b>&gt;</b>	ILT180012635	REACKNOWLEDGEMENT
		BERNARD COURTESY 119 NOMILHAUREE A WHEELING	SEWER INC VE IL 60090
INSTALLATION ADDRESS		119 N MILWAUKEE A	IL 60090

EPA Form 8700-12B (4-80)

09/28/81